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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/765,637	
	Filing Date		
	First Named Inventor	Adolph Mondry	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	8	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks: Enclosed are the claims and abstract of the Automatic Furnace on separate sheets.	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	It was previously submitted.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Adolph Mondry
Signature	<i>Adolph Mondry</i>
Date	4-9-04

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